

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ European Patent Office

PCT**CHAPTER II****DEMAND**

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		
International application No. PCT/ES03/00063		International filing date (day/month/year) 3 February 2003 (Earliest) Priority date (day/month/year) 4 February 2002
Title of invention METHOD OF PRODUCTION OF ASTAXANTHIN BY FERMENTATION OF SELECTED STRAINS OF XANTHOPHYLLOMYCES DENDRORHOUS		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) ANTIBIOTICOS, S.A.U. Avda. de Antibióticos, 59/61 24009 León Spain		Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: SPAIN		State (that is, country) of residence: SPAIN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) DE LA FUENTE MORENO, Juan, Luis Avda. de Antibióticos, 59/61 24009 León Spain		
State (that is, country) of nationality: SPAIN		State (that is, country) of residence: SPAIN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PEIRO CEZON, Enrique Avda. de Antibióticos, 59/61 24009 León Spain		
State (that is, country) of nationality: SPAIN		State (that is, country) of residence: SPAIN
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.**Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

DIEZ GARCIA, Bruno
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State (that is, country) of nationality:
SPAIN

State (that is, country) of residence:
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

MARCOS RODRIGUEZ, Ana, Teresa
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State (that is, country) of residence:
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SCHLEISSNER SANCHEZ, Carmen
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State (that is, country) of residence:
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RODRIGUEZ SAIZ, Marta
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State (that is, country) of nationality:
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State (that is, country) of residence:
SPAIN

Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)*If none of the following sub-boxes is used, this sheet should not be included in the demand.**Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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State (that is, country) of nationality:
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State (that is, country) of residence:
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CABRI, Walter
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Spain

State (that is, country) of nationality:
ITALY

State (that is, country) of residence:
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BARREDO FUENTE, José, Luis
Avda. de Antibióticos, 59/61
24009 León
Spain

State (that is, country) of nationality:
SPAIN

State (that is, country) of residence:
SPAIN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative

and has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)*

ELZABURU, Alberto de
Miguel Angel, 21
28010 Madrid
Spain

Telephone No.
0034917009400

Faxsimile No.
0034913193810

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

- * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English.....

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:			For International Preliminary Examining Authority use only	
	:		received	not received
1. translation of international application	:	49 sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter	:	1 sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- fee calculation sheet
 - original separate power of attorney
 - original general power of attorney
 - copy of general power of attorney;
reference number, if any:
 - statement explaining lack of signature
 - sequence listings in computer readable form
 - tables in computer readable form related to
sequence listings
 - other (specify): Additional representatives

Box No. VII. SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

 Alberto de Eizaburu
Por Poder

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b)

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/ES03/00063	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	PCT-127	Date stamp of the IPEA
Applicant ANTIBIOTICOS, S.A.U.		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	EUR 1533	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	EUR 148	H
3. Total of prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i>	EUR 1681	
	TOTAL	
MODE OF PAYMENT		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____	

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all IPEAs)

IPEA/ EPO

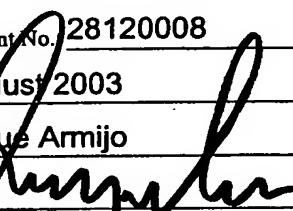
 Authorization to charge the total fees indicated above.

Deposit Account No. 28120008

 (*This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit*) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

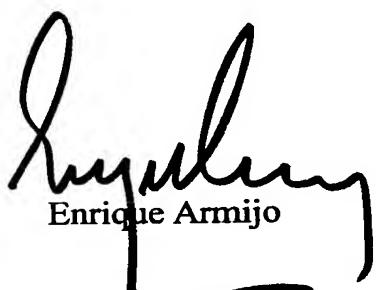
Date: 6 August 2003

Name: Enrique Armijo

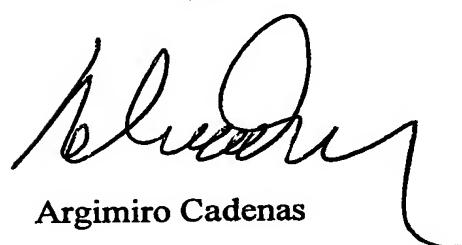
Signature: 

ADDITIONAL SHEET PERTAINING TO INTERNATIONAL
PATENT APPLICATION N° PCT/ES03/00063 OF 3 FEBRUARY
2003 IN THE NAME OF ANTIBIOTICOS, S.A.U.

ADDITIONAL REPRESENTATIVES



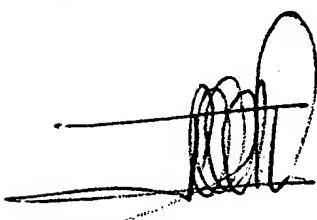
Enrique Armijo



Argimiro Cadenas



José Mª Alvarez



Manuel Illescas

ALL WITH PROFESSIONAL PRACTICE AT MIGUEL
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